Scope of Service

# Relocation Services

This Scope of Service defines requirements for this service type for the
*i*Care Family Care (branded "Inclusa") and Family Care Partnership programs

Family Care Partnership: Attachment to Description of Long-Term Care Provider Services and Payment
Family Care Only (If applicable): Appendix N to Subcontract Agreement

**Purpose:** This document defines requirements and expectations for the provision of subcontracted, authorized and rendered services. The services shall be provided in compliance with service expectations in the Agreement and Wisconsin licensing and certification standards, as applicable. Provisions of this Scope of Service supersede any other agreements, including agreements between the Enrollee and Provider, such as intake agreements. All references to Enrollee include the Enrollee and as applicable any of the Enrollee's authorized representatives.

| 1.0 | Definitions |
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| 1.1 | **Relocation Services** are non-recurring start-up expenses needed to establish a community living arrangement for members who are relocating from an institution, a certified adult family home, or other provider-operated living setting to an independent living arrangement in a private residence where the member is directly responsible for their own living expenses. This service includes person-specific services, supports, or goods that are put in place to prepare for the member's relocation to a safe, accessible and affordable community living arrangement. Services or items covered by this service may not be purchased more than 180 days prior to the date that the member relocates to the new community living arrangement.<br>Allowable expenses are those that are necessary to enable the member to establish a basic household excluding room and board. |
| 1.2 | Relocation services may include:<br>• Essential household furnishings, supplies, and appliances not included in the independent living arrangement;<br>• The payment of a security deposit;<br>• Utility connection costs, and telephone installation charges;<br>• Payment for moving the member's personal belongings to the new community living arrangement;<br>• General cleaning and household organization needed to prepare the selected community living arrangement for occupancy. |
| 1.3 | Relocation services exclude home modifications necessary to address safety and accessibility in the member's living arrangement, which may be provided as the waiver service home modifications. Excludes housekeeping services provided after occupancy which are considered waiver service supportive home care. Excludes the purchase of food, the payment of rent, or the purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service, etc.). This service may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing. Providers must be reputable contractors or companies. |

<table>
<tr><th>2.0</th><th>Service Description/ Requirements</th></tr>
<tr><td>2.1</td><td>Home modifications necessary prior to the relocation are allowable but are authorized as Environmental Accessibility Adaptations (home modifications).</td></tr>
<tr><td>2.2</td><td>Relocation services excludes service agreements or extended warranties for appliances or any other home furnishings.</td></tr>
<tr><td>2.3</td><td>Providers of services to prepare the housing arrangements for occupancy and assist the member with the moving of personal belongings must meet the same standards applied to supportive home care workers.</td></tr>
<tr><th>3.0</th><th>Unit of Service</th></tr>
<tr><td>3.1</td><td>Provider must bill using appropriate procedure codes and modifiers.
<table>
<tr><th>Service Code</th><th>Modifier</th><th>Service Description</th><th>Unit of Service</th></tr>
<tr><td>T2038</td><td>UB</td><td>Energy Assistance (includes utility connection costs)</td><td>Each</td></tr>
<tr><td>T2038</td><td>UC</td><td>Housing Start Up (includes all costs to set up the home including telephone installation and moving costs)</td><td>Each</td></tr>
<tr><td>T2038</td><td>UD</td><td>Housing Short-term assistance to obtain or retain a home</td><td>Each</td></tr>
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<tr><th>4.0</th><th>Documentation of Service</th></tr>
<tr><td>4.1</td><td>Provider must respond to the IDT within two (2) business days to accept or decline a referral. Provider must work with IDT to ensure services begin on the planned date and time. If the planned start date is delayed, Provider shall immediately notify the IDT to ensure the needs of the Enrollee are met.</td></tr>
<tr><td>4.2</td><td>IDT must prior authorize all services prior to being rendered by Provider. Notification of authorization to Provider shall include expected start date, duration of authorization, units authorized and any expected outcomes, if applicable.</td></tr>
<tr><td>4.3</td><td>The Provider must retain copies of the authorization notification.</td></tr>
<tr><td>4.4</td><td>The IDT shall issue a new authorization notification to Provider when the tasks assigned, amount, frequency, or duration of the service changes.</td></tr>
<tr><td>4.5</td><td>The Provider must retain the following documentation and make available for review by iCare upon request:<ul><li>Proof that Provider meets the required standards for applicable staff qualification, training and programming.</li><li>Policy and procedure for verification of criminal, caregiver and licensing background checks as required.</li><li>Evidence of completed criminal, caregiver and licensing background checks as required.</li><li>Policy and procedure related to supervision methods by the provider agency including frequency, intensity, and any changes in supervision.</li><li>Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as Enrollee-related incidents. The policy and procedure should also cover expectation of work rules, work ethics and reporting variances to the program supervisor.</li><li>Employee time sheets/visit records which support billing to iCare.</li></ul></td></tr>
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| 4.6 | Information regarding authorization and claims processes are available at:<br>**Family Care:** Providers/Claims and Billing at www.inclusa.org<br>**Family Care Partnership:** Provider/Claims section and Provider/Prior Authorization section at www.icarehealthplan.org |
| **5.0** | **Staff Qualifications and Training** |
| 5.1 | **Caregiver Background Checks –** Caregiver and Criminal Background checks must be completed in compliance with Wisconsin DHS Admin. Code Chapter 12 and 13. Provider must maintain and make available for review documentation that caregiver and criminal background checks have been completed timely for all staff. This requirement is only applicable for staff that meet the definition of caregiver and have in-person direct contact with members. |
| 5.2 | Provider must comply with all training requirements as outlined in their licensing/certification standards. If training standards are not specified, Provider must ensure that staff are fully trained to complete the assigned tasks. |
| 5.3 | Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at:<br>**Family Care:** www.inclusa.org<br>**Family Care Partnership:** www.icarehealthplan.org |
| 5.4 | Staff must be trained in recognizing abuse and neglect and reporting requirements. |
| 5.5 | Services provided by anyone under the age of 18 shall comply with Child Labor Laws. |
| 5.6 | The Provider must ensure that staff have received training on the following subjects pertaining to the individuals served:<br>• Policy, procedures and expectations may include the following:<br>  ○ Enrollee rights and responsibilities<br>  ○ Provider rights and responsibilities<br>  ○ Record keeping and reporting<br>  ○ Arranging backup services if the caregiver is unable to make a scheduled visit<br>  ○ Other information deemed necessary and appropriate<br>• Information about individuals to be served including information on individual's specific disabilities, abilities, needs, functional deficits, strengths, and preferences. This training should be person specific for the people to be served and generally focused.<br>• Recognizing and appropriately responding to all conditions that might adversely affect the Enrollee's health and safety including how to respond to emergencies and Enrollee-related incidents.<br>• Interpersonal and communication skills and appropriate attitudes for working effectively with Enrollees and with IDT.<br>• Confidentiality laws and rules<br>• Practices that honor diverse cultural and ethnic differences<br>• Procedures for handling complaints and grievances |
| **6.0** | **Supervision and Staff Adequacy** |
| 6.1 | The Provider shall maintain adequate staffing to meet the needs of Enrollees referred by *i*Care and accepted by the Provider for service. |

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| 6.2 | Provider must ensure:<br>• Staff are supervised and assessed to assure they are working effectively and collaboratively with Enrollees by conducting adequate on-site supervision and review.<br>• Performance issues with staff are addressed promptly and IDT is kept informed about significant issues that affect the Enrollee.<br>• Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Enrollees.<br>• Provider staff are working collaboratively and communicating effectively with *i*Care staff |
| **7.0** | **Communication and Reporting Requirements** |
| 7.1 | It is the responsibility of the Provider to ensure the MCO has the most accurate and updated contact information to facilitate accurate and timely communication. |
| 7.2 | The Provider shall report to the IDT whenever:<br>• There is a change in service provider<br>• There is a change in the Enrollee's needs or abilities The Enrollee or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and Enrollee) |
| 7.3 | Provider shall notify IDT of formal complaints or grievances received from Enrollees within 48 hours of receipt. Written notification of completed complaint investigations must be submitted to the IDT. |
| 7.4 | The IDT must be notified in a timely manner if the Provider, through its experience in providing services to the Enrollee, believes that the Enrollee's needs have changed, and a modification of the service level is indicated. ***i*Care will not pay for services that have not been authorized.** |
| 7.5 | **Member Incidents**<br>Provider must communicate and report all incidents involving an *i*Care Enrollee to the IDT– the Care Coach or the Field Care Manager Nurse within **24 hours** via phone, fax or email.<br>If the reporter is unable to reach someone from the care team, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the Enrollee.<br><br>If the incident is not yet resolved or resulted in serious harm or injury to the Enrollee, the provider must attempt to contact the IDT via phone.<br><br>**Family Care:** If unable to contact IDT, call 1-877-622-6700 and ask to speak to a Care Management Support Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist to be redirected or leave a message**.**<br><br>**Family Care Partnership:** If unable to contact IDT, call 1-800-777-4376 and ask to speak to a Care Management Support Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist and ask to be redirected or leave a message.<br><br>All reported incidents will be entered into the *i*Care Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform *i*Care when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.<br><br>Incident reporting resources and training are available at: |

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| | • **Family Care**: Providers section of the Inclusa website at www.inclusa.org<br>• **Family Care Partnership**: For Providers/Education/Resources section of the *i*Care website at www.iCarehealthplan.org |
| 7.6 | The provider agency shall give at least 30 days' advance notice to the IDT when it is unable to provide authorized services to an individual Enrollee. The provider agency shall be responsible to provide authorized services during this time period.<br><br>The IDT or designated staff person will notify the provider agency when services are to be discontinued. The IDT will make every effort to notify the provider at least 30 days in advance. |
| **8.0** | **Quality Program** |
| 8.1 | *i*Care quality assurance activities are a systematic, measured approach to ensuring and recognizing a specified standard or level of care expected of subcontracted providers. These methodologies are established to review and inspect subcontracted provider performance and compliance.<br><br>It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. *i*Care will monitor compliance with these standards to ensure the services purchased are of the highest quality. |
| 8.2 | **Quality Performance Indicators**<br>• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency<br>• Education/Training of staff- Effective training of staff Enrollees in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.<br>• Performance record of contracted activities-<br>  ○ tracking of number, frequency, and outcomes of Member Incident Reports related to provider performance<br>  ○ tracking of successful service provision (Enrollee achieving goals/outcomes, increased Enrollee independence and community participation, etc.)<br>• Contract Compliance- formal or informal review and identification of compliance with *i*Care contract terms, provider service expectation terms, applicable policies/procedures for contracted providers<br>• Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with *i*Care staff. |
| 8.3 | **Expectations of Providers and *i*Care for Quality Assurance Activities**<br>• **Collaboration**: working in a goal oriented, professional, and team-based approach with *i*Care representatives to identify core issues to quality concerns, strategies to improve, and implementing those strategies<br>• **Responsiveness**: actions taken upon request and in a timely manner to resolve and improve identified issues. This may include submitted documents to *i*Care, responding to |

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| | calls, emails, or other inquiries, keeping *i*Care designated staff informed of progress, barriers, and milestones achieved during quality improvement activities<br>• **Systems perspective to improvement**: approaching a quality concern, trend, or significant incident with the purpose of creating overall improvements that will not only resolve the issue at hand, but improve service and operations as a whole<br>• **Enrollee-centered solutions to issues**: relentlessly striving to implement solutions with the focus on keeping services Enrollee-centered and achieving the goals and outcomes identified for persons served<br>*i*Care is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve Enrollees. |